#### SIKKIM



#### GOVERNMENT

#### **GAZETTE**

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No. 02

## GOVERNMENT OF SIKKIM DEPARTMENT OF HEALTH AND FAMILY WELFARE GANGTOK-SIKKIM

No. 30/H&FW

Date: 21/12/2022

#### NOTIFICATION

In exercise of powers conferred by section 5 of the Sikkim Anti Drugs Act, 2006 (Act. No.2 of 2006), the State Government hereby constitutes the State Fund for Control of Drugs Abuse as under:-

#### (1) State Fund for Drug Abuse and its Application:-

The Fund shall comprise of the money received from the various sources as specified in clauses (a) to (d) of sub-section (1) of section 5 and shall be applied for meeting the expenditure incurred in connection with the measures specified in clause (a) to (g) of sub-section (2) of section 5 of the Act.

#### (2) Procedure for remittance of money to the fund,

- (1) Every grant made by the Government or any person or institution or any payment made by any person, institution, licensed dealers or manufacturing unit under clause(c) of sub-section (1) of section 5 of the Act shall be made by crossed cheque or demand draft in favour of the Fund and sent to the Programme Director, Sikkim Anti Drugs Unit, Department of Health and Family Welfare, Government of Sikkim. Alternatively, the money could be deposited/transferred into the bank account of the Fund. A proof of deposit/transfer shall be submitted to the Programme Director. On receipt of cheque /demand draft/ proof of deposit, the Programme Director shall issue a receipt to such person or institution or organization making such grant/payment.
- (2) All grant or payment made under sub-clause (1) shall be unconditional and irrevocable.

#### (3) Receipt of money,

All money received under sub-section (1) of section 5 of the Act shall be credited to bank account of the Fund without delay by the Programme Director.

#### (4) Procedure for grant of money from the Fund,

- (1) Any Department of the Government or any organization(s) (hereinafter called as the "Applicant") desirous of obtaining money from the Fund shall submit an application in Form 'A' appended to this notification together with a detailed project proposal.
- (2) Every application made under sub-clause (1) shall be sent to the Programme Director, Sikkim Anti Drugs Unit, Department of Health and Family Welfare, Government of Sikkim.

#### (5) Grant of money from the Fund,

- (1) The Programme Director, or the Authority, as the case may be, may require the Applicant to furnish further information or clarification regarding the activities and matters connected with the Applicant to enable it to consider payment out of the Fund.
- (2) Subject to the conditions specified in sub-clause (3), the Authority may sanction money out of the Fund to the applicant up to a maximum of one lakh rupees per annum per applicant. Amount exceeding one lakh rupees shall have the concurrence of the Government.
- (3) Every Applicant who has been sanctioned money out of the Fund under sub-clause (2) shall :-
  - apply the money to meet expenditure incurred in connection with the measures taken for combating illicit traffic or controlling abuse of controlled substance or for all or any of the purposes specified in sub-section(2) of section 5 of the Act;
  - (b) submit half-yearly returns ending on last day of September and March every year within 15 days of the end of the last date to the office of the Programme Director in Form 'B' appended to this notification.
  - (c) maintain regular book of accounts, showing receipt and expenditure, which shall provide a true and fair view of the financial position of such Applicant; and
  - (d) be bound by the terms and conditions stipulated in the letter, where sanction of money issued by the Programme Director on behalf of the Government.
- (4) The money provided to the Applicant, shall be deemed to be entrusted to the Applicant for the purpose specified in sub-section (2) of section 5 of the Act.
- (5) The Applicant shall use the money received by it from the Fund, solely for the purposes specified in sub-section (2) of section 5 of the Act and for no other purpose.
- (6) If the Government has the reason to believe that an applicant:-
  - (a) has failed to carry out the purpose specified in sub-section (2) of section 5 of the Act;
  - (b) is likely to be wound up;
  - is unable to maintain and preserve the assets acquired or credited out of the money received from the Fund;
  - (d) is unable to perform or is likely to commit breach of its obligations under the grant of money;

The Government may, at any time, revoke the grant of money, and in such case the Applicant shall be disentitled to retain the moneys paid out of the Fund or the assets acquired or credited thereby.

#### (6) Communication of sanctions

All financial sanctions and orders issued by the Government under this notification shall be communicated to the Drawing and Disbursing Officer, Department of Health and Family Welfare, Government of Sikkim.

(7) Administrative Expenditure for Programme Director's office

Expenditure incurred by the office of the Programme Director on hiring of contractual and temporary staff, meetings, trainings, travel expenses, community out reach activities, research studies, etc., shall be met from the Fund. The Programme Director shall prepare a financial estimate of these activities at the beginning of every financial year, or during supplementary budget, and after due concurrence of the Authority, shall seek approval of the Government for the moneys to be spent for such activities.

#### (8) Accounts and Audit

- (1) The programme Director, on behalf of the State Government, shall maintain proper accounts and prepare a statement of accounts giving therein the details of the account credited to the Fund and expenditure incurred therefrom.
- (2) The accounts of the Fund under sub-clause (1) shall be audited by the office of Accountant General, Sikkim at such intervals as may be specified by him.

#### (9) Publication of Annual Report and Statement of Accounts

The annual report giving an account of activities financed out of the Fund together with the Statement of Accounts shall be published annually as soon as possible after the end of each financial year and, in any case not later than 31st December of succeeding year.

By order:

D. ANANDAN, IAS
Commissioner-cum-Secretary
Department of Health and Family Welfare

#### FORM-A

[ See clause 5(1)]

### FORM FOR APPLICATION FOR GRANT FROM THE STATE FUND FOR CONTROL OF DRUG ABUSE

- 1. Name of the Organization and Registration Number:
- 2. Name of the Government/Non-Government Organization:
- 3. Address of the Applicant and their branches, including email address:
- 4. Financial status including balance sheet of the Applicant and their branches:
- 5. Personnel working in the Applicant's organization (indicate qualification, experience, and specialized interest particularly in relation to the proposed work):
- 6. Objectives of the proposed project for which grant is required:
- 7. Total expenditure likely to be incurred for the project :
- 8. Amount of expenditure to be met out from the State Fund for Control of Drug Abuse :
- 9. Details of previous grants obtained from the State Fund of Drug Abuse or any other Fund or Organization:
- 10. Detail Project Report along with duration of the Project (in separate sheet):
- 11. Name, designation, phone no. and email address of the authorized signatory of this application:

#### FORM - B

[See clause6 (3) (b)]

# FORMAT FOR ANNUAL RETURNS TO BE SUBMITTED BY THE APPLICANT RECEIVING PAYMENT FROM THE STATE FUND FOR CONTROL OF DRUG ABUSE

- 1. Year in respect of which returns filed:
- 2. Name of applicant:
- 3. Name of the Government /Non -Government Organization:
- 4. Address of the Applicant and their branches, including email address:
- 5. Amount spent by the Applicant during the year:
- 6. The amount out of Item 5 spent from the sources other than the Fund:
- 7. Result achieved and extent to which the target has been achieved:
- 8. Further action to be taken, giving specific recommendations for revision of the proposal in case the targets are not likely to be achieved:
- 9. Name, designation, phone no. and email address of the authorized signatory of this return:

